

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039018

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1252

STATE FILE NUMBER

FILED OCT 30 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

1 week

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Arnold Nursing Home  
701 So. 11th

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY Buchanan c. admission)

c. CITY

Agency

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R. R.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

ALICE

First

C.

Last

MC KOWN

4. DATE OF DEATH

Month

Day

Year

October 24, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/13/1880 83

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Peter Landis

13b. MOTHER'S MAIDEN NAME

Elizabeth Petrov

14. NAME OF HUSBAND OR WIFE

William

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

William McKown, Agency, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Artery Disease  
myocardial infarction  
from coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

36 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

Old Atherosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-16-63 to 10-24-63 and last saw her alive on 10-22-63.  
Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Begin or title)

22b. ADDRESS

St. Joseph Mo

22c. DATE SIGNED

10-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

10/16/1963

23c. NAME OF CEMETERY OR CREMATORY

Ebenezer Cemetery

23d. LOCATION (City, town, or county)

Buchanan County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Hester Bowman St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 28, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF R.W. Kieber, Medical Certification

ITEM NO.

VS 300  
Rev. 4/59  
15117  
25110  
3  
4 1  
5 1  
6  
7 1  
8 3  
9 4201  
10  
11  
12 86-c  
13 1-0

Permit issued 10-25-63

2110  
2111

1-1-64

0-28

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Spude

Licensed Embalmer No. 4535

P. O. Address Joseph, NY

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.